

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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CA HEALTH & HUMAN
SERVICES AGENCY

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Belshe	S.	Kimberly	(916)	654-3724
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
1600 Ninth Street, Room 460		Sacramento	CA	95814
			OPTIONAL: FAX / E-MAIL ADDRESS	
			(916) 654-3343	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California Health and Human Services Agency

Division, Board, District, if applicable:

Your Position:

Agency Secretary

➔ If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: See Attachment

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2005,
through December 31, 2005.

-or-

☐ The period covered is ____/____/____, through
December 31, 2005.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2005, through
the date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate

4. Schedule Summary

➔ Total number of pages
including this cover page: 5

➔ Check applicable schedules or "No reportable
interests."

I have disclosed interests on one or more of the
attached schedules:

Schedule A-1 ☒ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)*

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best
of my knowledge the information contained herein and in any
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.

Date Signed March 20, 2006
(month, day, year)

Signature 
(File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

S. Kimberly Belshe

> NAME OF BUSINESS ENTITY

American Express

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Financial Services Company

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

/ / 05
ACQUIRED

/ / 05
DISPOSED

> NAME OF BUSINESS ENTITY

Smith Barney Fundamental Value Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Open-ended Mutual Fund

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☒ Other Mutual Fund

(Describe)

IF APPLICABLE, LIST DATE:

/ / 05
ACQUIRED

/ / 05
DISPOSED

> NAME OF BUSINESS ENTITY

Safeway

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Food

FAIR MARKET VALUE

☒ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

/ / 05
ACQUIRED

/ / 05
DISPOSED

> NAME OF BUSINESS ENTITY

Capitol & Income Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Open-ended Mutual Fund

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☒ Other Mutual Fund

(Describe)

IF APPLICABLE, LIST DATE:

/ / 05
ACQUIRED

/ / 05
DISPOSED

> NAME OF BUSINESS ENTITY

Ericsson Wireless Communication

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Technology

FAIR MARKET VALUE

☒ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

/ / 05
ACQUIRED

/ / 05
DISPOSED

> NAME OF BUSINESS ENTITY

Tyco

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Conglomerate

FAIR MARKET VALUE

☒ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ - Other

(Describe)

IF APPLICABLE, LIST DATE:

/ / 05
ACQUIRED

/ / 05
DISPOSED

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

S. Kimberly Belshe

> NAME OF BUSINESS ENTITY

Cisco

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Technology

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

____/____/05 ACQUIRED ____/____/05 DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

____/____/05 ACQUIRED ____/____/05 DISPOSED

> NAME OF BUSINESS ENTITY

Smith Barney Aggressive Growth

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Open-ended Mutual Fund

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☒ Other Mutual Fund

(Describe)

IF APPLICABLE, LIST DATE:

____/____/05 ACQUIRED ____/____/05 DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

____/____/05 ACQUIRED ____/____/05 DISPOSED

> NAME OF BUSINESS ENTITY

Ameriprise

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Financial Services Company

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

____/____/05 ACQUIRED ____/____/05 DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ - Other

(Describe)

IF APPLICABLE, LIST DATE:

____/____/05 ACQUIRED ____/____/05 DISPOSED

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
S. Kimberly Belshe

> NAME OF SOURCE

California Chamber of Commerce

ADDRESS

1215 K Street, Suite 1400, Sacramento, CA 95812

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 24 / 05	\$ 64.90	Food and Beverage
/ /	\$	
/ /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

> NAME OF SOURCE

White Memorial Medical Center/Adventist Health

ADDRESS

1720 Cesar E. Chavez Ave., Los Angeles, CA 90033

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 11 / 05	\$ 140.00	Rollerball Pen
/ /	\$	
/ /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments:

(continued)
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S. Kimberly Belshé

OFFICE, AGENCY OR COURT

1. Children and Families Commission (aka) Prop 10 Commission ex-officio Member
2. County Medical Services Program (CSP) Government Board, Member
3. Food Biotechnology Task Force, Member
4. Managed Risk Medical Insurance Board (MRMIB), ex-officio Member
5. Rural Policy Task Force, Member
6. State Council on Developmental Disabilities, Member
7. State Mental Health Planning Council, Member
8. California Workforce Investment Board, Member
9. Technology Services Board (TSB)